

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 6
County Registrar No. 42
Local Registrar No. _____

1. County of Cochise
District of St Johns
Town of St Johns
or
City of _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alma Jeanne Neap } If child is not yet named, make supplemental report, as directed.

3. Sex of Child f To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? yes 6. Date of birth 2 16 25
Month day year

8. FATHER
Full name Byron Neap
3. Residence (Usual place of abode) St Johns
If nonresident, give place and state Ariz
10. Color or race W
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) St Johns
(State or country) Ariz
13. Occupation Farmer
Nature of industry _____

14. MOTHER
Full maiden name Arvona Crosby
15. Residence (Usual place of abode) St Johns
If nonresident, give place and state Ariz
16. Color or race W
17. Age at last birthday 19 (Years)
18. Birthplace (city or place) St Johns
(State or country) Ariz
19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother { (a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10.30 a.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Given name added from a supplemental report _____
Month, day, year. _____
Signature _____
(Physician or midwife)
Address St Johns
Filed 3/16/25 10 Martin Jensen
Local Registrar.
Filed 3/16 25 St Johns
County Registrar.

187-216-138

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.